

#L12000012835

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB - 9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALM BEACH LUXURY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOYA MOLLER

Name of Person

PALM BEACH LUXURY LLC

Firm/Company

3630 GARDENS PARKWAY 604 C

Address

PALM BEACH GARDENS , FL. 33410

City/State and Zip Code

happyj1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOYA MOLLER

954 857-4388

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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• If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager,
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO R CORTESE	1335 OLD DIXIE HWY 32 B	☐ Add
		LAKE PARK, FL. 33403	☒ Remove
MGR	RICARDO DA VEIGARAS: <i>VEIGARASSAM</i>	3630 GARDENS PARKWAY 604 C	☐ Add
		PALM BEACH GARDENS, FL. 33410	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

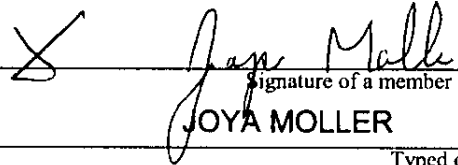
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 10 th, 2015



Signature of a member or authorized representative of a member
JOYA MOLLER

Typed or printed name of signee

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